

Payer's Claims Flat File *Specification*

Version 0.3



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Revision History

Version	Date	Author	Description
0.1	October 28, 2015	Naitik Patel	Draft for technical review
0.2	November 3, 2015	Naitik Patel	Added changes from internal review
0.3	August 4, 2016	Naitik Patel	Added changed for Rendering Provider

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1 Introduction

Healthix consolidates patient health care data from various sources and makes that information available to authorized Healthix users, subject to patient consent. Healthix accepts data in many formats and via various means of transmission, including the upload of flat files to the Healthix Secure File Transfer Protocol (SFTP) site.

The Healthix *Payer's claims flat file* specification is an pipe delimited text file that contains information about patient's claims for purpose of coordinated care.

2 Transactions

2.1 Sending Data to Healthix: Process Summary

During implementation, Healthix provides credentials to the participant to enable the participant to access Healthix's Secure File Transfer Protocol (SFTP) directory, used to submit flat file documents. Healthix processes claims flat files when Payer participant will come onboard.

Healthix processes each incoming flat file document, extracting data according to the details provided later in this specification. After processing, the static flat file itself may be archived or discarded. In either case, the Healthix system does not reference the static flat file document for the use or display of data.

Flat file document upload process:

1. Using an FTP client (e.g. WinSCP), establish a connection to the Healthix FTP site using the SFTP protocol (`sftp:\\`)
 - a. The Healthix SFTP host name is `sftp.healthix.org` (Port 22)
 - b. Healthix provides each participant with a SFTP account and directory during project implementation
2. When prompted, authenticate using the credentials Healthix assigns during implementation
3. Transfer the flat file document(s) to the SFTP site
4. Healthix processes the flat file documents to add clinical information to registered patient at Healthix.

3 Flat File Document Structure and Example

The Payer’s claims flat file must be a simple text file (.txt) and have a file name adhering to the convention below. The first segment of the file name, an abbreviation identifying the participant, is determined by Healthix during project implementation. In the example below, Healthix requires the ABC Practice participant to include “ABC” in the file name.

An example file submitted to Healthix by ABC Practice on December 1, 2015 has the following file name:

ABC_Payer_Claims_Healthix_20151201.txt

3.1 Flat File Document Structure

The claims flat file consists of one or more rows of pipe-delimited data segments, each row referring to specific member claims submitted to Payer organization:

FacilityID|MemberID/ClientID|PolicyNumer|RecordNumber|LastName|FirstName|MiddleName|SSN|DateOfBirth|Gender|AddressLine1|AddressLine2|City|State|Zip|County|MobilePhone|HomePhone|WorkPhone|PlanName|ClaimID|PlaceOfService|ClaimLineID|Unit|ProcedureCode|ProcedureCodeModifier1|ProcedureCodeModifier2|ProcedureVersionCode|PrincipalDiagnosisCode|SecondaryDiagnosisCode1|SecondaryDiagnosisCode2|SecondaryDiagnosisCode3|DiagnosisVersionCode|ServiceBeginDate|ServiceEndDate|PCPIDonFile|RenderingProviderLast/FacilityName|RenderingProviderFirstName|RenderingProvider/FacilityAddress|RenderingProvider/FacilityCity|RenderingProvider/FacilityState|RenderingProvider/FacilityZip|RenderingProviderEmail|RenderingProviderPhone|RenderingProviderOrg

The following table outlines the data that Healthix consumes from the claims flat file. Any data elements not listed in this table or in the table of assumptions above are not currently stored within Healthix.

Segment	Required/Optional	Healthix Data Element	Format and Comments
1 FacilityID	Required	Patient Number Organization Code	Payer ID will have unique identification code that will identify different payers in Healthix system
2 MemberID/ClientID	Required	Patient MRN	Patient’s Unique ID in Payer’s Membership System
3 PolicyNumber	Required		Member’s Policy number on file
4 Record Number	Optional		Payer Claims Record ID
5 LastName	Optional	Patient Family Name	
6 FirstName	Optional	Patient Given Name	
7 MiddleName	Optional (send if available)	Patient Middle Name	Middle name or initial is accepted if sent.
8 SSN	Optional		Format: 123-45-6789

9	DateOfBirth	Optional	Patient Date of Birth	Format: YYYYMMDD
10	Gender	Optional	Patient Gender Code	Accepted values: M, F, O, U, A, N
11	AddressLine1	Optional	Patient Address (Street)	
12	AddressLine2	Optional (send if available)	Patient Address (Street)	
13	City	Optional	Patient Address City	
14	State	Optional	Patient Address State	Format: Two-letter U.S. state, e.g. NY
15	Zip	Optional	Patient Address (Zip)	Format: 5 digit or 9 digit
16	County	Optional		Format: String
17	MobilePhone	Optional (send if available)	Patient Contact Info Mobile Phone Number	Format: (555)555-5555
18	HomePhone	Optional (send if available)	Patient Contact Info Home Phone Number	Format: (555)555-5555
19	WorkPhone	Optional (send if available)	Patient Contact Info Work Phone Number	Format: (555)555-5555
20	PlanName	Optional	Patient's Plan Name	
21	ClaimID	Required	Claims ID from provider	
22	PlaceOfService	Required	Place of Service Codes	
23	ClaimLineID	Required	Claim's Service Line Number	
24	Unit	Required	Number of Service	
25	ProcedureCode	Required	Principal Procedure Information	Procedure Code
26	ProcedureCodeModifier1	Optional	Other Procedure Information	
27	ProcedureCodeModifier2	Optional	Other Procedure Information	
28	ProcedureVersionCode	Required	Claim Procedure Code	9 (ICD-9) OR 0(ICD-10)
29	PrincipalDiagnosisCode	Required	Principal, Admitting, E-Code, Patient Reason for Visit	Diagnosis Code
30	SecondaryDiagnosisCode1	Optional	Other Diagnosis Information	Diagnosis Code
31	SecondaryDiagnosisCode2	Optional	Other Diagnosis	Diagnosis Code

			Information
32	SecondaryDiagnosisCode3	Optional	Other Diagnosis Information Diagnosis Code
33	DiagnosisVersionCode	Required	Claim Diagnosis Code 9 (ICD-9) OR 0(ICD-10)
34	ServiceBeginDate	Required	Service Begin
35	ServiceEndDate	Required	Service End
36	PCPIDonFile	Optional	Primary Care Provider Code PCP's NPI ID on file
37	RenderingProviderLastName /FacilityName	Required	Primary Care Provider Family Name
38	RenderingProviderFirstName	Required	Primary Care Provider Given Name
39	RenderingProvider /FacilityAddress	Optional	Primary Care Provider Address (Street)
40	RenderingProvider /FacilityCity	Optional	Primary Care Provider Address (City)
41	RenderingProvider/FacilityState	Optional	Primary Care Provider Address (State)
42	RenderingProvider/FacilityZip	Optional	Primary Care Provider Address (Zip)
43	RenderingProviderEmail	Optional	Primary Care Provider Contact Info Email Address
44	RenderingProviderPhone	Optional	Primary Care Provider Contact Info Mobile Phone Number Format: (555)555-5555
45	RenderingProviderOrg	Optional	Rendering Provider's Org

3.2 Example Flat File

The following flat file example conforms to the Healthix specification for a participant whose identification assigning authority is "ABC":

File name: ABC_Payer_Claims_Healthix_20151201.txt

```
ABC|1034944|9013963812|105719443|Sharma|Rohit||232-123-4423|1/2/1987|M|1st Street|Apt 01|New
Yrok|New York|10001|New York|(646)234-
5256||3442552525|ABC|13326E14079A218233344|23|2|1|79|51||9|833.04|||9|9/28/2013|9/28/2013|130686
2248|MICHAEL|CARBERY|2341 Main St|New York|New York|10002||234-2524-2344|Mt.Sinai
```


ABC|1034912|9013963813|110489569|Kohli|Virat|J|232-123-4424|1/3/1987|M|2nd Street|Apt 02|New York|New York|10001|New York|(646)234-5257|||ABC|14102E01856A218362938|21|1|1|59|79||9|278.01|V85.41|401.9|327.23|9|3/12/2014|3/12/2014|1114951613|CHHAYA|MEHTA|2342 Main St|New York|New York|10002||234-2524-2345|New York University Medical Center

ABC|1034931|9013963814|110489570|Dhoni|Mahindra||232-123-4425|1/4/1987|F|3rd Street|Apt 03|New York|New York|10001|New York|(646)234-5258|(343)423-4263||XYZ|14102E01856A218362938|21|2|1|59|79||10|553.3|V85.41|553.3|327.23|10|3/12/2014|3/12/2014|1114951613|PALAK|SHARMA|2343 Main St|New York|New York|10002||234-2524-2346|Dr. John Smith

ABC|1034934|9013963815|110489571|Khan|Zaheer||232-123-4426|1/5/1987|M|4th Street||New York|New York|10001|New York|(646)234-5259|||KLM|14102E01856A218362938|21|2|1|59|79||10|278.01|V85.41||401.9|327.23|10|3/12/2014|3/12/2014|1114951613|CHANDNI|SINGH|2344 Main St|New York|New York|10002||234-2524-2347|New York Presbyterian